

ample salary, so that if disability from paralysis should come through such employment, the Industrial Accident Act would permit disability ratings that could compensate somewhat for lack of pensions. It would seem easy, therefore, to render justice in these matters if only the will exists to do so. Present-day economic stress and strain should not thrust themselves forward as a supposedly-legitimate argument in these circumstances. As previously stated, now is the time to hammer home some homely truths, and to establish present and future beneficial procedures.

PRESIDENT ROOSEVELT'S MESSAGE ON SOCIAL WELFARE

Last month's CALIFORNIA AND WESTERN MEDICINE printed the minutes of the Riverside meetings of the California Medical Association's House of Delegates and Council. The Committee of Five, authorized by the House of Delegates to make a study of the costs of sickness and its relation to social, economic and other factors, has before it a large task, and in its labors will need the aid and coöperation of all members of the California Medical Association.

When President Roosevelt sent his June 8 message to Congress, the lay press gave generous comment thereto. For those readers of CALIFORNIA AND WESTERN MEDICINE, who did not have an opportunity to read the message in its entirety, the following paragraphs, dealing with social welfare factors (health insurance was not specifically mentioned in this message; may come later), should be of interest:

Washington, June 8.—The text of President Roosevelt's message to Congress today follows:

"You are completing a work begun in March, 1933, which will be regarded for a long time as a splendid justification of the vitality of representative government. . . .

"Among our objectives I place the security of the men, women and children of the nation first.

"This security for the individual and for the family concerns itself primarily with three factors. People want decent homes to live in; they want to locate them where they can engage in productive work, and they want some safeguard against misfortunes which cannot be wholly eliminated in this man-made world of ours. . . .

"The third factor relates to security against the hazards and vicissitudes of life. Fear and worry based on unknown danger contribute to social unrest and economic demoralization. If, as our Constitution tells us, our Federal Government was established among other things "to promote the general welfare," it is our plain duty to provide for that security upon which welfare depends.

"Next winter we may well undertake the great task of furthering the security of the citizen and his family through social insurance.

"This is not an untried experiment. Lessons of experience are available from states, from industries and from many nations of the civilized world. The various types of social insurance are interrelated; and I think it is difficult to attempt to solve them piecemeal. Hence, I am looking for a sound means which I can recommend to provide at once security against several of the great disturbing factors in life—especially those which relate to unemployment and old age.

"I believe there should be a maximum of coöperation between states and the Federal Government. I believe that the funds necessary to provide this insurance should be raised by contribution rather than by

an increase in general taxation. Above all, I am convinced that social insurance should be national in scope, although the several states should meet at least a large portion of the cost of management, leaving to the Federal Government the responsibility of investing, maintaining and safeguarding the funds constituting the necessary insurance reserves.

"I have commenced to make, with the greatest of care, the necessary actuarial and other studies necessary for the formulation of plans for the consideration of the Seventy-fourth Congress.

"These three great objectives—the security of the home, the security of livelihood, and the security of social insurance, are, it seems to me, a minimum of the promise that we can offer to the American people. They constitute a right which belongs to every individual and every family willing to work. They are the essential fulfillment of measures already taken toward relief, recovery and reconstruction. . . .

"We must dedicate ourselves anew to a recovery of the old and sacred possessive rights for which mankind has constantly struggled—homes, livelihood, and individual security. The road to these values is the way of progress. Neither you nor I will rest content until we have done our utmost to move further on that road.

(Signed)

"FRANKLIN D. ROOSEVELT."

AMERICAN MEDICAL ASSOCIATION AND HEALTH INSURANCE

For those readers who do not receive *The Journal of the American Medical Association* (in which publication the full proceedings of the American Medical Association House of Delegates will be printed), a short digest of the action taken in relation to health insurance, as given in Associated Press dispatches, is here reprinted. It will be noted that the principles therein laid down are those of the Council and Department of Public Relations, which, through the House of Delegates, have also been emphasized by the California Medical Association. The summary is worthy of perusal, because these fundamental principles must be kept in mind in the elaboration of health insurance plans which would have the endorsement of the medical profession. Quotations follow:

"The principles evolved in the executive session (of the American Medical Association House of Delegates) for guidance of members in communities where 'some experiment to change the method of administering medical service' is attempted, insist:

"That all features of medical service be under the control of the medical profession, for 'no other body or individual is legally or educationally equipped to exercise such control.'

"That 'no third party' must be permitted to come between patient and physician in any medical relation; that patients must have absolute freedom in choosing their doctor; that the method of giving service must remain a 'permanent, confidential relation' between patient and 'family physician.'

"That all medical phases of all institutions involved in the medical service should be under professional control, 'it being understood that hospital service and medical service should be considered separately.'

"That however the cost of medical service may be distributed, the immediate cost should be borne by the patient able to pay at the time the service is rendered; that medical service must have no connection with any cash benefits; that any form of medical service should include all qualified physicians of the locality covered who wish to give service.

"That systems for the relief of low-income classes should be limited strictly to those below the 'comfort level' standard of income, and that there should be no restrictions of treatment or prescribing not formulated and enforced by the organized medical profession."